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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770)

Complete If Known	
Application Number	09/600,590
Filing Date	7/19/00
First Named Inventor	Bernard Aspar et al.
Examiner Name	Kruer, Kevin R.
Art Unit	1773
Attorney Docket No.	034299-268

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MAR 11 2004

TC 1700

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account				3. ADDITIONAL FEES			
Deposit Account Number		50-1698		Large Entity	Small Entity		
Deposit Account Name		Thelen Reid & Priest LLP					
The Director is authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1001	770	2001	385	Utility filing fee			
1002	340	2002	170	Design filing fee			
1003	530	2003	265	Plant filing fee			
1004	770	2004	385	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$ 0)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims	Extra Claims	Fee from below	Fee Paid				
Independent Claims	" = 0	X					
Multiple Dependent	" = 0	X					
SUBTOTAL (2)				(\$ 0)			
3. ADDITIONAL FEES							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20			
1201	86	2201	43	Independent claims in excess of 3			
1203	290	2203	145	Multiple dependent claim, if not paid			
1204	86	2204	43	" Reissue independent claims over original patent			
1205	18	2205	9	" Reissue claims in excess of 20 and over original patent			
SUBTOTAL (3)				(\$ 770)			
Other fee (specify) _____							
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3)			

"or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	William E Winters	Registration No. (Attorney/Agent)	42,232	Telephone	408-292-5800
Signature					Date

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